

FILED OCT 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 30687

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 5633		Registrar's No. 542	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hazlegreen-#3</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hazlegreen-R-3</u>		0530	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Richland Rural Hosp. 3</u>				d. STREET ADDRESS (If rural, give location) <u>Richland Rural Hosp. 3</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lloyd</u>		b. (Middle) <u>Edwin</u>		c. (Last) <u>Engle</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 12-1886</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shell Oil Co</u>		11. BIRTHPLACE (State or foreign country) <u>Northville Kans</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James A Engle</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Amelia</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvia Engle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>343-10-8914</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sylvia Engle</u> ADDRESS <u>Haydenville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Louis J. Myers D.O.</u> (Degree or title)				23b. ADDRESS <u>Richland Mo</u>		23c. DATE SIGNED <u>Sept 25-51</u>	
24a. BURIAL, CREMATION, CREMATION (Specify) <u>Burial</u>		24b. DATE <u>9/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Haydenville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Haydenville Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-27-1951</u>		REGISTRAR'S SIGNATURE <u>Stella S. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Leeper</u> ADDRESS <u>Richland</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received SEP 20 1951
Laclede County Health Unit
File No. 9-51-132
Date Filed OCT 1 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3198

P. O. Address Richland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.